CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr. Jerome NICKNAME Jerry Pikulius	R. MI SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE: ZID CODE	Date Hand-delivered or Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 461-95-96	EXTENSION	Receipt # Amount Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Cecil NICKNAME (1 SCYIVNEY SCYIVNEY	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#, 1200 W- Mitchell St.	Arlunton TX	ZIP CODE 76013
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	or a sometiment and a s
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 [imit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year
11 ELECTION	Month Day Year ELECTION DATE Primary	2016	Special Special
12 OFFICE	OFFICEHELD (if any)	Mayor - Cit	y of Ailiuston
A STATE OF THE STA	GO TO PAG	GE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	e R.F	?kulinski	15 ACCOUNT	# (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES M HOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY I	IDIDATE'S OR OFFIC	EHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	1-1-1-1	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	103 (20)	SALPAV SALPAV PARALISI
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	43	Hadron State
	1000000	COMMITTEE CAMPAIGN TREASURER ADDRESS	33	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN SED \$	100.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4	200.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			ANSIA NELLA SA
	4. TOTAL POLITICAL EXPENDITURES \$552.00			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$2,500.00			
18 AFFIDAVIT				
No.	STEPHANIE DIM otary Public, State of My Commission Ex May 24, 201	of Texas prices 6	Il information red	quired to be reported by
AFFIX NOTARY STAM	P / SEAL ABOVE	Signature of Car	ndidate of Office	noider
		ne, by the said <u>Jerome R. Pikulins</u> , 20 <u>13</u> , to certify which, witness		, this the
Stephanie	Dimas	Stephanie Dimas	Nota	ing
Signature of officer admir	nistering oath	Printed name of officer administering oath	Title of off	cer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(512) 463-5800

The	e Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	rome R. Pikulinski		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ Densila L. Ruther for a	ef	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7 to 14, 15, to 16, to	6 Contributor address; City; State; Zip Code 100 8 SW Fleming Ct. A	10.102	#100.00	Once of the control o
	Topena, KS 66604		(If travel outside	of Texas, complete Schedule T)
9 Principal occ	etired	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_Cav C. SCYIVA EY)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	on 76013		Paper Envelopes Postage
Principal occu	upation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	open societa por		100,000
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	0000 55 5365	(2)	e lect
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			man 167
Principal occu	pation / Job title (See Instructions)	Employer (See II		of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Texas Ethics Commission P.O. Box 12070 PLEDGED CONTRIBUTIONS

							_
-	-		_	-		F	
-		н	-	1)		_	

(512) 463-5800

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule B:
2	FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4	TOTAL OF UNITEMIZED PLEDGES:	⇒ ⇒ \$
5	Date 6 Full name of pledgor out-of-state PAC (ID#:	8 Amount of pledge (\$) 9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code	(If travel a strike of Tayon complete Schodule T)
		(If travel outside of Texas, complete Schedule T)
10	Principal occupation / Job title (See Instructions) 11 Employer (See	Instructions)
	Date Full name of pledgor out-of-state PAC (ID#:	Amount of In-kind description pledge (\$) (if applicable)
	Pledgor address; City; State; Zip Code	
		(If travel outside of Texas, complete Schedule T)
	Principal occupation / Job title (See Instructions) Employer (See	Instructions)
	Date Full name of pledgor out-of-state PAC (ID#:	Amount of In-kind description pledge (\$) (if applicable)
	Pledgor address; City; State; Zip Code	enconsider est out out ordered som sego sets
		(If travel outside of Texas, complete Schedule T)
	Principal occupation / Job title (See Instructions) Employer (See	Instructions)
	Date Full name of pledgor out-of-state PAC (ID#:	Amount of In-kind description pledge (\$) (if applicable)
Ī	Pledgor address; City; State; Zip Code	senoraus en e 🖅 de la Julia maladarro de la maladarro de
		(If the standard of Tours consider Cobodule T)
		(If travel outside of Texas, complete Schedule T)
	Principal occupation / Job title (See Instructions) Employer (See	Instructions)
	Date Full name of pledgor out-of-state PAC (ID#:	Amount of In-kind description pledge (\$) (if applicable)
	Pledgor address; City; State; Zip Code	200 000 000 00 00 00 00 00 00 00 00 00 0
		(If trough outside of Toyes, semplete Schodule T)
_		(If travel outside of Texas, complete Schedule T)
	Principal occupation / Job title (See Instructions) Employer (See	Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

www.ethics.state.tx.us Revised 09/28/2011 P.O. Box 12070

LOANS

SCHEDULE E

	The	Instruction Guide explains how to com	plete this form.	1 Total pa	ages Schedule E:
2	FILER NAME	TO THE REPORT OF SHEET S	NEW YORK STATE OF THE STATE OF	3 ACCOU	JNT # (Ethics Commission Filers)
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			and the state of t		Fo. 100
4	TOTA	L OF UNITEMIZED LOANS:	D D D D D	d	\$
5	Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
6	Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
					11 Maturity date
	Y N	and an appeal to the appeal to the property of the second state of			Jan and and an and an
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions		100 TO 100 TELS
14	Description of Coll	ateral	15 Check if personal funds wer	e deposited	into political account
	none			SOFT LOT	E - 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
16	GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
20	not applicable Principal Occupati	18 Guarantor address; City; on (See Instructions)	State; Zip Code 21 Employer (See Instructions)		Heaton al
				<u> </u>	
	Date of loan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)
					21620
	Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
	Y N				Maturity date
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	Pharm (, 1887)	PLUMPER TO SECURE TO SECUR
	Description of Colla	iteral	Check if personal funds were	deposited	into political account
	none				
	GUARANTOR INFORMATION	Name of guarantor		970,008 985	Amount Guaranteed (\$)
	not applicable	Guarantor address; City;	State; Zip Code	d shot di si	
	Principal Occupati	on (See Instructions)	Employer (See Instructions)	rens mings	6.5 <u>220</u> 000000 30 30000000000

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE	CATEGORIES FOR	R BOX 8(a)	made the second of the second
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contrac Solicitation/Fundraising Travel In District Travel Out Of District Office Overhead/Rental	Expense Transpo Contribu Cand	payment/Reimbursement rtation Equipment & Related Expense tions/Donations Made By idate/Officeholder/Political Committee (enter a category not listed above)
		e explains how to comp		(cmar a category net need azore)
1 Total pages Schedule F:	2 FILER NAME			ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		1000	
6 Amount (\$)	7 Payee address; City; St	tate; Zip Code	To sylva ar Selate	Two stands of the control of the con
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	pp of this schedule) (b)	Description (If travel ou	rtside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit Ca	Candidate / Officeholder name	11.101.0 21	Office sought	Office held
Date	Payee name		10 1° 15 14°	and the second s
Amount (\$)	Payee address; City; St	tate; Zip Code	s stem and	
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description (If travel ou	tside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		ta a a file of the control of the co
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	p of this schedule)	Description (If travel ou	tside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	(Office sought	Office held
Date	Payee name		n Edwing, hy	SERVICE STREET STORY
Amount (\$)	Payee address; City; Sta	ate; Zip Code	egt-rac	1 908, 100 mm (
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule)	Description (If travel out	side of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name OH	COPIES OF THESE	Office sought	Office held
1	ATTACH ADDITIONAL C	OPIES OF THIS SCHE	DULE AS NEEDED)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R	sing Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule G:	Jerome R. Pikulin	Ste (3 ACCOUNT # (Ethics Commission Filers)
4/29/13	5 Payee name U.S. Postal Service	
# H60.00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7680 4997 Arlington, TX	76012
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Hall - Advertising Expenses	(b) Description (If travel outside of Texas, complete Schedule T)
H/30/13	Payee name U.S. Postol Servic Payee address; City; State; Zip Code	e
Amount (\$) # 92.00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 76004997 Avlingta, TX	76012
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) May 1 - Advantising Expense	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	enten vordigto?
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	DE H SOCIETA NO SECULIA DE LA CONTROL DE
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH



(512) 463-5800

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

P.O. Box 12070

Polling Expense

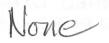
Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

	The Instruction Guide explains how to	complete this form.	
Total pages Schedule H:	2 FILER NAME	r s sm	3 ACCOUNT # (Ethics Commission Filer
Date	5 Business name	28 I I (24)	# 1749001 8 Co. 1 3 05 1
Amount (\$)	7 Business address; City; State; Zip Code		
	16. 12 TEORS	inter police	17-2216 . 20 39 kg
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trav	/el outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Business name		received and the second
Amount (\$)	Business address; City; State; Zip Code		
	-2100 : 1/14		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Business name		a de margo de la
Amount (\$)	Business address; City; State; Zip Code	age of the second	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code	des vii v	191008 2 - 99
.,			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS



SCHEDULE

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense de explains how to complete this	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule I:	2 FILER NAME	de explains now to complete this	3 ACCOUNT # (Ethics Commission Filers)
retai pages conteaute i.	Z TILLICITY IVIL		C //occon // (Zimes commession rises)
4 Date	5 Payee name	ed LCC year base accomplete a seem me	Let resolven ation to several in \$
6 Amount (\$)	7 Payee address; City; S	State; Zip Code	1 . nmu rows - 201 . eug - 1.
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	op of this schedule) (b) Descript	ion (See instructions regarding type of information required.)
Date	Payee name	wat fire the constant	
Amount (\$)	Payee address; City; S	itate; Zip Code	The carrier was a second of the
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule) Descripti	on (See instructions regarding type of information required.)
Date	Payee name	95,83 (4.0 peres = 5, 180cs u. s	adsormed since out a power A
Amount (\$)	Payee address; City; St	tate; Zip Code	months . Mr. of nargy 9
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	p of this schedule) Descripti	on (See instructions regarding type of information required.)
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Amount (\$)	Payee address; City; St	tate; Zip Code	Purpose real water and a restaura
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	p of this schedule) Description	on (See instructions regarding type of information required.)
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS	SNEEDED

Texas Ethics Commission

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS



SCHEDULE K

	e Instruction Guide explains how to complete this form.	1 Total pages Sche	D system il glazian. D seleksii miini kee
FILER NAME	Europide proposition programme of the control of th	3 ACCOUNT # (Et	hics Commission Filers)
Date	5 Name of person from whom amount is received	Town training	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	ar mi may	# # # # # # # # # # # # # # # # # # #
	7 Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
5.4	Name of person from whom amount is received		
Date	Name of person from whom amount is received		Amount (\$)
Date	Address of person from whom amount is received; City; State; Zip Code	12000 LEG VO	
Date		10000 Jun 100	
Date	Address of person from whom amount is received; City; State; Zip Code	1900 La 190	
	Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received		(\$)
	Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Name of person from whom amount is received		(\$)

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

		Series .
OOL	FDI	LE T
SIL	-131	
0011		P Room Stewart III

The Instru	ction Guide explains how	to complete this form.	1 Total pages Schedule T:
FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
Name of Contributor /	Corporation or Labor Organi	zation / Pledgor / Payee	
Contribution / Expend	ture reported on: edule A Schedule I	B Schedule C Sch	edule D Schedule F Schedule G
	edule H Schedule N		
Dates of travel	7 Name of person(s) trave	necessity and a large section of the	
	8 Departure city or name of	of departure location	
	9 Destination city or name	of destination location	
			TOM S DATE OF THE STATE OF THE
 Means of transportat 	on 11 Purpose of	travel (including name of conferen	ce, seminar, or other event)
Name of Contributor /	Corporation or Labor Organiz	ation / Pledgor / Payee	Chac scally and
Contribution / Expendit	re reported on:		
Contribution / Expendit	edule A Schedule	B Schedule C Sch	edule D Schedule F Schedule G
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Scl	edule A Schedule	N COH-UC CO	
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Dates of travel Means of transportation Name of Contributor / Contribution / Expendi	edule A Schedule Redule H Schedule Redule H Schedule Redule Redul	COH-UC CO ng departure location f destination location avel (including name of conference ation / Pledgor / Payee B Schedule C Sch	edule D Schedule F Schedule G
Dates of travel Means of transportation Name of Contributor / Contribution / Expendi	edule A Schedule Redule H Schedule Redule H Schedule Redule Redul	COH-UC CO	edule D Schedule F Schedule G
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Applicabl CANDIDATE / OFFICEHOLDER REPORT: **DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" •• 1 C/OHNAME 2 ACCOUNT # (Ethics Commission Filers) 3 SIGNATURE I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder FILER WHO IS NOT AN OFFICEHOLDER · Complete A & B below only if you are not an officeholder. · · **CAMPAIGN FUNDS** Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. B **ASSETS** Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate OFFICEHOLDER •• Complete this section only if you are an officeholder •• I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. Signature of Officeholder